

Mike Chaney  
Commissioner of Insurance



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STATE OF MISSISSIPPI  
Mississippi Insurance Department  
[www.mid.ms.gov](http://www.mid.ms.gov)

**Notice of Producer/Adjuster Name Change**

☐ Resident ☐ Non-Resident\*

Please make the following name change(s) to license # \_\_\_\_\_

Current Name (Please print name as it appears on MS license) \_\_\_\_\_

New Name (Please print) \_\_\_\_\_

Attach proof of name change: i.e. marriage license, social security card, driver's license, divorce decree, or court document

**Complete:**

Old mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old resident address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New resident address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number – (Old) \_\_\_\_\_ (New) \_\_\_\_\_

Email Address- (Old) \_\_\_\_\_ (New) \_\_\_\_\_

Print name of Licensee \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

**This form may be faxed @ 601-359-1951, scanned and emailed to [licensing@mid.ms.gov](mailto:licensing@mid.ms.gov), or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.**

**\*For requesting a duplicate license(s) with name change submit a \$25.00 fee.** The license will be mailed to the mailing address of the licensee. No fee if a duplicate license is not requested.

**\*For Nonresidents we will verify name change on the NAIC producer database (PDB).**